

P130000036149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

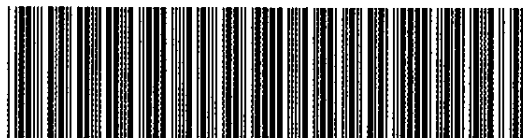
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W12-49952

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03/27/12--01017--003 \*\*87.50

FILED  
13 APR 19 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1/4

**COVER LETTER**

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT: STONE BROTHER'S CONSTRUCTION SERVICES**  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: XAVIER DAVID PEREZ  
Name (Printed or typed)

705 HINSON AVE E  
Address

HAINES CITY, FL 33844  
City, State & Zip

863 422 6204  
Daytime Telephone number

IDEALINCOMETAX@AOL.COM  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 28, 2012

XAVIER DAVID PEREZ  
705 HINSON AVE E  
HAINES CITY, FL 33844

SUBJECT: STONE BROTHERS CONSTRUCTION SERVICES  
Ref. Number: W12000049952

We have received your document for STONE BROTHERS CONSTRUCTION SERVICES and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 212A00024247

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**FILED INC.**

13 APR 19 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME** STONE BROTHERS CONSTRUCTION SERVICES  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
705 HINSON AVE E  
HAINES CITY, FL 33844

Mailing address \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
TO DO CONCRETE ARTISTIC WORK

**ARTICLE IV SHARES**  
The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: PALOMA E SANCHEZ CO OWNER  
Address: 705 HINSON AVE E  
HAINES CITY, FL 33844

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: VICENTE SANCHEZ  
Address: 212 20TH ST  
HAINES CITY, FL 33844

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: IDEAL INCOME TAX SERVICES  
Address: 705 HINSON AVE E  
HAINES CITY, FL 33844

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: VICENTE SANCHEZ  
Address: 705 HINSON AVE E  
HAINES CITY, FL 33844

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Required Signature/Registered Agent

09/19/2012  
\_\_\_\_\_  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Required Signature/Incorporator

09/20/2012  
\_\_\_\_\_  
Date